2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000053469 1. Entity Name QUEST COUNSELING CENTRE, INC.					FILED Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90047 046 ***150.00		
Principal Plac	e of Business	Mailing Address			06-03-2000 9004	7 046 *** 130).00
401 WHOOPING LOOP SUITE 1549 ALTAMONTE SPRINGS FL 32701		401 WHOOPING LOOP SUITE 1549 ALTAMONTE SPRINGS FL 32701-3445					
<u>401 Center Pointe Circle 40</u> Suite, Apt. #, etc. S <u>Suite 1549</u> City & State Altanonte Springs		3. Mailing Address Yol Center Poiste Circle Suite, Apt. #, etc. Suite 1549			DO NOT WRITE IN THIS SPACE		
		City & State Altamonte sp Zip -3-2701	Country	5. Cer	Number 59-3516887	No \$8.75 Add	Applied For Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current R		Name		ne and Address of New Register		
DELGADO, LUIS 2020 EPIC COURT			Street Address (P.O. Box Number is Not Acceptable)				
DELTONA FL 32738					•		
			City		1	FL Zip Cod	e
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ria on back) OFFICERS AND D	After MAY 1, 2000 Make Check Payable	FEE IS \$150.00 Fee will be \$550.00 to Department of S	itate	10. Election Campaign Financing Trust Fund Contribution.	Addeo	0 May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, LUIS 2020 EPIC COURT DELTONA FL 32738	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
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TTLE		Delete - ~	TITLENAME STREET ADDRESS CITY-ST-ZIP			_ C <u>ha</u> nge	[] Addition_
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ITLE AME TREET ADORÉSS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			🔲 Change	Addition
TREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby of indicated of the cor changed,	certify that the information supplied with t on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address, with URE:	his filing does not qualify for the filing does not qualify for the rule and accurate and that may vered to execute this report as the report	NAME STREET ADDRESS CITY-ST-ZIP he exemption stated in signature shall have t	ne same leo	al effect as it made under oath; in Statutes; and that my name appe	r certify that the i	nformation or director r Block 12